

Non-Institutional Edit Requirements

Element Name: Special Processing Code (2-202) (Continued)

Edited Element Relationship

2-202-05R IF NAS EXCEPTION REASON = 9 (DEMONSTRATION PROJECTS)

AT LEAST ONE SPECIAL

PROCESSING CODE MUST BE

- | | |
|---|---|
| 3 | ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY |
| 4 | BONE MARROW DONOR - WILFORD HALL REFERRED ONLY |
| 9 | FORT DRUM COOPERATIVE MEDICAL CARE |
| 6 | HOME HEALTH CARE |
| E | HHC/CM |
| U | MEDICARE PHARMACY (SECTION 702) CLAIM |
| & | BONE MARROW TRANSPLANTS - OCHAMPUS APPROVED |

IF NAS EXCEPTION REASON = 8 (HEART/LIVER TRANSPLANT)
AND BEGINNING DATE OF CARE < MARCH 1, 1997

AT LEAST ONE OCCURANCE OF
SPECIAL PROCESSING CODE
MUST BE

- | | |
|---|------------------|
| 5 | LIVER TRANSPLANT |
| 7 | HEART TRANSPLANT |

IF NAS EXCEPTION REASON = 8 (HEART TRANSPLANT)
AND BEGINNING DATE OF CARE ≥ MARCH 1, 1997

AT LEAST ONE OCCURANCE OF
SPECIAL PROCESSING CODE
MUST BE

- | | |
|---|------------------|
| 7 | HEART TRANSPLANT |
|---|------------------|

IF NAS EXCEPTION REASON = 6 (PARTNERSHIPS)

AT LEAST ONE SPECIAL
PROCESSING CODE MUST BE

- | | |
|---|---|
| A | PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS |
| B | PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS |
| C | PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS |
| O | CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES |
| S | RESOURCE SHARING |

IF NAS EXCEPTION REASON = L (HOSPICE)

AT LEAST ONE SPECIAL
PROCESSING CODE MUST BE

- | | |
|---|---------------------------------|
| O | HOSPICE NON-AFFILIATED PROVIDER |
| # | HOSPICE |

IF NAS EXCEPTION REASON = 'Q' (ACTIVE DUTY CLAIMS)

AT LEAST ONE SPECIAL PROCESSING CODE MUST BE 'AD' (ACTIVE DUTY CLAIMS).

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2-202-06R IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 38240
 AT LEAST ONE SPECIAL PROCESSING CODE MUST = 3 (ALLOGENEIC BONE MARROW
 RECIPIENT - WILFORD HALL REFERRED ONLY) OR & (BONE MARROW TRANSPLANTS -
 OCHAMPUS APPROVED ONLY).

IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 47133, 47135, OR 47136 AND BEGIN
 DATE OF CARE < 07/15/96. AT LEAST ONE SPECIAL PROCESSING CODE MUST = 5 (LIVER
 TRANSPLANT).

IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 33945,
 AT LEAST ONE SPECIAL PROCESSING CODE MUST = 7 (HEART TRANSPLANT).

IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE IS 90199,
 AT LEAST ONE SPECIAL PROCESSING CODE MUST = 6 (HOME HEALTH CARE).

2-202-08R IF SPONSOR BRANCH OF SERVICE = C (CHAMPVA)
 NO OCCURRENCE OF SPECIAL
 PROCESSING CODE MUST BE

A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
I	BERGSTROM AFB CATCHMENT AREA
J	LUKE/WILLIAMS AFB CATCHMENT AREA
S	RESOURCE SHARING

2-202-09R IF PROGRAM INDICATOR = H (PFPWD)
 NO OCCURRENCE OF SPECIAL
 PROCESSING CODE MUST BE

A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
6	HOME HEALTH CARE
E	HHC/CM
F	ARMY CAM DEMONSTRATION
G	
I	AIR FORCE CAM DEMONSTRATION
J	
N	CHAMPUS SELECT
S	RESOURCE SHARING

IF PROGRAM INDICATOR

D	DRUG
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Element Name: Special Processing Code (2-202) (Continued)

	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE	A	PARTNERSHIP PROGRAM. INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM. EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		C	PARTNERSHIP PROGRAM. EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS WHO ASSISTED OR PROVIDED ANCILLARY SUPPORT
IF PROGRAM INDICATOR	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE	T	DENTAL
		A	PARTNERSHIP PROGRAM. INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM. EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		C	PARTNERSHIP PROGRAM. EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
		E	HHC/CM
		F	ARMY CAM DEMONSTRATION
2-202-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.	G	
2-202-11R	IF SPECIAL PROCESSING CODE	F	REYNOLDS ARMY COMMUNITY HOSPITAL. FT. SILL
	THE FILING DATE MUST BE \geq JUNE 1, 1989. THE END DATE OF CARE \leq MAY 31, 1992.		
IF SPECIAL PROCESSING CODE		G	EVANS ARMY COMMUNITY HOSPITAL. FT. CARSON
	THE FILING DATE MUST BE \geq OCT 1, 1989. AND THE BEGINNING DATE OF CARE \leq SEPTEMBER 30, 1992		
IF SPECIAL PROCESSING CODE		I	BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE \geq MARCH 1, 1990 AND END DATE OF CARE \leq APRIL 30, 1993.		
IF SPECIAL PROCESSING CODE		J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE \geq MARCH 1, 1990.		
2-202-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	K	GEORGIA/FLORIDA PPO
		09	FLORIDA
		10	GEORGIA
2-202-13R	IF EARLIEST BEGIN DATE OF CARE $<$ 6/30/88		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY	E	HHC/CM
2-202-15R	IF ANY DENIAL REASON CODE	G	DEMONSTRATION AUTHORIZATION NOT ON FILE

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Element Name: Special Processing Code (2-202) (Continued)

	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
		G	
		E	HHC/CM
2-202-16R	IF FIRST POSITION OF TYPE OF SERVICE	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	SPECIAL PROCESSING CODE	I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
2-202-17R	IF SPECIAL PROCESSING CODE	X	PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM
	AT LEAST ONE PROCEDURE CODE MUST =		90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	AMOUNT PAID BY OTHER HEALTH INSURANCE MUST NOT = ZERO.		
2-202-18R	IF SPECIAL PROCESSING CODE =	T	MEDICARE/CHAMPUS DUAL ENTITLEMENT (NORMAL COB PROCESSING)
	SPONSOR STATUS =	A	ACTIVE DUTY
		Q	PRISON/APPELLATE
		D	100% DISABLED
		F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		K	DECEASED
		O	TEMPORARILY DISABLED
		R	RETIRED
		W	TITLE III RETIREE
2-202-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	U	BRAC MEDICARE PHARMACY
	FI/CONTRACTOR NUMBER MUST =	57	FHFS NEW ORLEANS
		13	ADMINASTAR DEFENSE SERVICES, INC.
		38	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA
		59	AETNA GOVERNMENT HEALTH PLANS, INC.
	AND		
	PROGRAM INDICATOR MUST =	D	DRUG
2-202-20R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	?	AMBULATORY SURGERY FACILITY CHARGE

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Element Name: Special Processing Code (2-202) (Continued)

	SPECIAL RATE CODE MUST =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	OR		
	PRICE CODE MUST BE	C	AMBULATORY SURGERY - FACILITY PAYMENT RATE
		D	DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE
		E	AMBULATORY SURGERY - PAID AS BILLED
		P	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0		
2-202-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	PO	
	ENROLLMENT STATUS MUST =	U	MANAGED CARE SUPPORT - PRIME
		E	MCS - TRICARE - PRIME
		K	MCS - CA/HI ENROLLED
		O	NEW ORLEANS PRIME
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	AD	ACTIVE DUTY CLAIMS
	ENROLLMENT STATUS MUST =	W	ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
2-202-22R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	AD	ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST =	V	SPONSOR
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY
		J	ACADEMY STUDENT/NAVY OCS
		N	NATIONAL GUARD
		Q	PRISONER/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY (NATO)

Non-Institutional Edit Requirements**Element Name: Special Processing Code (2-202) (Continued)**

- 2-202-23R** IF ((ANY OCCURANCE OF PROCEDURE CODE = 33010-37799, 92950-92996 AND
BEGIN DATE OF CARE ≥ MARCH 1, 1997 AND
PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER 200 MILE CATCHMENT
AREA) OR
(ANY OCCURANCE OF PROCEDURE CODE = 33400-33690, 92975-92996 AND
BEGIN DATE OF CARE ≥ OCTOBER 1, 1997 AND
PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA))
THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST'.
- 2-202-24R** IF ANY OCCURANCE OF PROCEDURE CODE = 47133, 47135 OR 47136
AND BEGIN DATE OF CARE ≥ MARCH 1, 1997
AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT
OF COLUMBIA
THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST' UNLESS NAS
EXCEPTION REASON = O OR K.
- 2-202-25R** IF ANY OCCURANCE OF PROCEDURE CODE = 33010-36414, 36416-37799
AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997
AND PATIENT ZIP CODE IS IN THE WALTER REED ARMY MEDICAL CENTER (WRAMC)
OR THE NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA
THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST'
- 2-202-26R** IF ANY OCCURANCE OF PROCEDURE CODE = 'WR'
FI/CONTRACTOR NUMBER MUST = 07 (REGIONS 7 AND 8)

Non-Institutional Edit Requirements

Chapter

6

Element Name: **Type of Service (2-325)**

Validity Edits

2-325-01 FIRST BYTE MUST BE = A, C, I, O, M, N, P, OR K.
 SECOND BYTE MUST BE = 1 - 9; A - J.
 IF FIRST BYTE = 'A'; SECOND BYTE MUST NOT = 'C'.
 IF FIRST BYTE = 'P'; SECOND BYTE MUST = 'H'.
 IF FIRST BYTE = 'N'; SECOND BYTE MUST = 'I' OR SPECIAL PROCESSING CODE = N.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-320-02R	PLACE OF SERVICE		
	TYPE OF SERVICE	SEE BELOW	
	NAS NUMBER	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	PROCEDURE CODE	SEE BELOW	
	NAS EXCEPTION REASON	SEE BELOW	
	PROVIDER MAJOR SPECIALTY	SEE BELOW	
	PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	SECONDARY TREATMENT DIAGNOSIS

Edited Element Relationship

2-325-02R	FIRST BYTE OF TYPE OF SERVICE MUST BE CONSISTENT	I ON SAME HCSR M K A ON ONE HCSR O C P N
	FOR EACH DETAIL OCCURRENCE IN THAT RECORD.	
2-325-04R	IF PROGRAM INDICATOR	D DRUG
	TYPE OF SERVICE (SECOND BYTE) MUST BE	B DRUGS
2-325-05R	SECOND BYTE OF TYPE OF SERVICE MUST BE CONSISTENT WITH PROCEDURE CODE. WHEN AMOUNT ALLOWED > 0 SEE FIGURE 6-A-1.	
2-325-06R	IF PROCEDURE CODE = '92891', '92892', '92893', '92898', OR '92899'. AND DENIAL REASON CODE = 'V' TYPE OF SERVICE (FIRST BYTE) MUST = 'P' (PARTIAL PSYCHIATRIC OUTPATIENT).	
2-325-07R	IF NAS EXCEPTION REASON = 'A'	
	TYPE OF SERVICE (FIRST BYTE) MUST	I INPATIENT
2-325-08R	IF PROVIDER MAJOR SPECIALTY	BC BIRTHING CENTERS
	TYPE OF SERVICE (FIRST BYTE) MUST	M MATERNITY O OUTPATIENT

Element Name: Type of Service (2-325) (Continued)

2-325-09R IF TYPE OF SERVICE FIRST BYTE = 'M'
 PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS MUST BE MATERNITY
 (630 - 676 OR V22 - V24) OR V270 - 289

2-325-12R IF SECOND BYTE = 'C'
 SPONSOR STATUS ≠ 'A', 'B', 'J', 'N', 'V', 'T', 'P', OR 'Q'.

2-325-14R IF TYPE OF SERVICE FIRST =

A	AMBULATORY SURGERY COST SHARED AS INPATIENT (ACTIVE DUTY DEPENDENTS ONLY)
C	AIR FORCE CAM PRIMARY/PREVENTATIVE CARE
O	OUTPATIENT, EXCLUDING M, P OR N
N	OUTPATIENT COST SHARED AS INPATIENT
M	OUTPATIENT MATERNITY COST SHARED AS INPATIENT
P	OUTPATIENT PARTIAL PSYCHIATRIC HOSPITALIZATION COST SHARED AS INPATIENT
1	INPATIENT HOSPITAL

PLACE OF SERVICE MUST NOT = 21

Edit Requirements [Non-Institutional]**Chapter****6****Addendum A Figures****Figure 6-A-1 Procedure Code for Type of Service**

Type of Service	Procedure Code
MEDICAL CARE (EXCLUSIVE OF CONSULTATIONS, SECOND OPINION, MENTAL HEALTH, AMBULANCE, PFPWD)	90000-99090, 99141-99592
ANESTHESIA	10000-69999, 70000-79999, 92000-93999, 90870, 90871, 99100-99140, 00100-01999
SURGERY	10000-69999
CONSULTATION	90600-90649, 99241-99275
DIAGNOSTIC/THERAPEUTIC X-RAY	01900-01922, 70000-76999, 78000-79999
THERAPEUTIC RADIOLOGY	77261-77799
DIAGNOSTIC LAB	80002-89399
ASSIST AT SURGERY	10000-69999, 92982, 92984, 92995, 92996 Excluding those listed in Addendum B
OTHER MEDICAL SERVICE	ANY EXCEPT LAB (80002-89399) AND X-RAY (70000-79999)
DME RENTAL/PURCHASE	E0100-E1830, K0001-K0452, 09977
DRUGS	NONE EXCEPT 98800
AMBULATORY SURGERY	10000-69999 (SURGERY), 70000-76999, 84999, 90594, 90596, 90597, 90599, 99070, 99088, 94799
SECOND OPINION-ELECTIVE SURGERY	90650-90659, 99271-99275
MATERNITY CARE	59000-59899, 99201 - 99215, 99590, 99591, 99592
MENTAL HEALTH CARE	90800-90899, 92820, 92845-92899, 96100
AMBULANCE	A0030-A0050, A0225-A0424, A0999
PFPWD CARE	ALL
HOSPICE	ALL
DENTAL	00120-09999
EMERGENCY ROOM	99281-99285, 99288, 90599
OUTPATIENT CARE	99201-99205, 99211-99215, 99241-99245, 99341-99343, 99351-99353, 99432

Figure 6-A-2a**Major Diagnostic Category (MDC) and Corresponding
Procedure Codes for Services Provided in 1991
(Policy Manual Revision Number 11)**

MDC	Category Description	Procedure Codes
61	GYN Laparoscopy	58980-58996, 58998
62	Cataract Removal	66830-66985, 66998
63	GI Endoscopy	43200-43272, 43299 45300-45385, Excludes 43215, 45307 and 45321
64	Myringotomy or Tympanostomy	69420-69436, 69438
65	Arthroscopy	29815-29898, 29900
66	Dilation and Curettage	58120, 58125
67	Tonsillectomy or Adenoidectomy	42820-42836, 42839
68	Cystoscopy	52000-52340, 52345
69	Hernia Repair	49500-49590, 49595 Excludes 49530 and 49535
70	Nose Repair	30400-30520, 30525
71	Ligation or Transection of Fallopian Tubes	58600-58615, 58625
72	Strabismus Repair	67311-67343 (67338 is used for facility charges)
73	Breast Mass or Tumor Excision	19120, 19125
74	Neuroplasty	64702-64727, 64730